



The Journal

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NSAB Kicks Off Domestic Violence Awareness Month Page 3

Photo by Andrew Damstedt

Fire Prevention Week: “Don’t Wait — Check the Date”

By Ricky Brockman
Navy Fire and
Emergency Services

Navy Fire and Emergency Services department, in conjunction with the National Fire Protection Association (NFPA), wants you to check to see if your smoke alarm is outdated as part of the annual Fire Prevention Week Oct. 9-15.

A recent survey conducted by the NFPA revealed only a small percentage of people know how old their smoke alarms are, or how often they need to be replaced.

“That lack of awareness is a concern for Navy Installations Command (NIC) Fire & Emergency Services, NFPA, and fire departments throughout the country,” said Carl Glover, director, NIC Fire and Emergency Services. “The reason behind the concern is because smoke alarms don’t last forever.”

According to NFPA 72, the National Fire Alarm Code®, requires smoke alarms be replaced at least every 10 years; but because the

public is generally unaware of this requirement, many homes have smoke alarms past their expiration date, putting people at increased risk.

“Time and again, I’ve seen the life-saving impact smoke alarms can have in a home fire, but I’ve also seen the tragedy that can result when smoke alarms aren’t working properly,” said Glover. “That’s why we’re making a concerted effort to educate residents about the overall importance of smoke alarms, and that they do have a life limit.”

As the official sponsor for more than 90 years, NFPA is promoting this year’s Fire Prevention Week campaign, “Don’t Wait — Check the Date! Replace Smoke Alarms Every 10 Years,” to better educate the public about the critical importance of knowing how old their smoke alarms are and replacing them once they’re 10 years old.

“Navy fire departments around the world will be hosting activities in support of Fire Prevention Week,” said Glover. “Check with your local

Navy fire and emergency services department for a schedule of events.”

According to Glover, to find out how old your smoke alarm is and its expiration date, simply look on the back of the alarm where the date of manufacture is marked. The smoke alarm should be replaced 10 years from that date, and not the date of purchase.

Glover also recommends smoke alarms be tested monthly and batteries should be replaced once a year or when they begin to chirp, signaling they’re running low.

For more information on smoke alarms and this year’s Fire Prevention Week campaign, “Don’t Wait — Check the Date! Replace Smoke Alarms Every 10 Years,” visit <http://www.firepreventionweek.org/>.

Navy Installations Command is comprised of about 52,000 military and civilian personnel worldwide and is responsible for the operations, maintenance and quality of life programs in support of the Navy’s fleet, Sailors and their families.

Bethesda Notebook

Prostate Cancer Support Group

The Prostate Cancer Support Group meets at Walter Reed National Military Medical Center the third Thursday of every month. The next meeting will be Oct. 20 from 1 to 2 p.m. and 6:30 to 7:30 p.m. in the America Building, River Conference Room on the third floor. Spouses and partners are invited. Military ID is required for base access to Walter Reed Bethesda. For those without a military ID, call the Prostate Center at 301-319-2900 at least four business days prior to the event for base access. For more information, contact Jane Hudak at 301-319-2918 or jane.l.hudak.ctr@mail.mil.

Holiday Safety Training

Mandatory holiday safety training for all Walter Reed Bethesda staff members is scheduled for Nov. 8-9. Staff members need to attend one half-hour block of instruction beginning at 5 a.m. in Clark Auditorium and 5:30 a.m. in Memorial Auditorium. Training is held every hour until 4 p.m. in Clark, and every hour until 4:30 p.m. in Clark. A CAC card is required for sign-in as proof of attendance. For more information, call 301-295-5733.

Fleet, Family Support Center

The Fleet and Family Support Center (FFSC) on Naval Support Activity Bethesda offers programs intended to assist service members and their families with military life. FFSC’s workshops and seminars include: job search strategies for military spouses; federal resume writing; time management; credit management; consumer financial awareness; interview skills; pre-deployment briefings; return and reunion briefings; and more. For more information, call 301-319-4087, or visit FFSC in Bldg. 11, first floor.

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Naval Support Activity Bethesda

Commanding Officer: Capt. Marvin L. Jones

Public Affairs Officer: Jeremy Brooks

Public Affairs Office: 301-295-1803

Journal Staff

Managing Editor PO3 William Phillips

WRNMMC Editor Bernard Little

Writers
Andrew Damstedt
PO1 Christopher Krucke
Joseph Nieves
Jamie Petroskey
Sharon Renee Taylor

NSA Bethesda

Fleet And Family Support Center	301-319-4087
NSAB Emergency Info	301-295-6246
NSAB Ombudsman	
Dedra Anderson	301-400-2397
NSAB Chaplain's Office	301-319-4443
	301-319-4706

Installation SARC

Kimberley Agnew	301-400-2411
Troop Command SARC	
Rosemary Galvan	301-319-3844
SARC 24/7	301-442-2053
SAPR VA 24/7 Helpline	301-442-8225

NSAB Works to End Domestic Violence

Victim Resources Highlighted During Event

By Andrew Damstedt
The Journal

Naval Support Activity Bethesda is joining in the national observance of Domestic Violence Awareness Month.

NSAB's Fleet and Family Support Center family advocacy program hosted a kick-off event Oct. 4 in the lobby of Bldg. 19 to raise awareness of an issue that affects millions nationally and is highlighting the resources available at the installation.

"Domestic violence is a very important issue that we deal with in our community every day," said Lawanda Dezurn, FAP victim advocate.

She said domestic violence affects everyone — men, women and children, regardless of age, beliefs or backgrounds. She cited National Coalition Against Domestic Violence statistics noting one in three women and one in four men have been victims of some form of domestic violence.

"We all have a responsibility to end this problem," Dezurn said.

This year's theme is "Transforming Hearts: A community response to ending domestic violence."

"It's all about changing hearts," said Chyna Holmes-Brantly, FFSC counseling and advocacy supervisor. "By changing hearts, we're going to change minds; and by changing minds, we can change actions and behavior."

Yolanda Banfield, FAP victim advocate, said the three purposes of



PHOTO BY ANDREW DAMSTEDT

A service member gets information at the Domestic Violence Awareness Resource Fair Oct. 4. The fair was part of Naval Support Activity Bethesda's kick-off event to observe National Domestic Violence Awareness Month.

Domestic Violence Awareness Month are to mourn those who have lost their lives, celebrate those who have survived, and focus on people who work with victims.

She encouraged those in attendance to recommit to keeping the lives of those who live, work and visit NSAB free of domestic violence.

Keynote speaker Evelyn Mitchell, Safe Havens staff attorney said domestic violence not only harms the

victims, but it also harms the country, "It's important to take away that [domestic violence] is slowing down our entire country," she emphasized. "It's literally making our children less smart and is taking money out of our pockets even if we personally don't know anybody affected by domestic violence."

The economic impact of domestic violence is a serious issue that needs more attention, Mitchell said.

"Women lose 8 million hours of paid work every year to domestic violence," Mitchell said. "It costs the average family \$943 for emergency room visits after domestic violence incidents. And finally domestic violence is the third leading cause of homelessness in the country."

Children are also affected by domestic violence, even if they didn't witness the act, she continued.

"Lacking an understanding between the relationship of cause and effect, young children think they could've controlled the outcome of the situation."

FFSC Director Ozzie Elie said domestic violence is an issue that should be focused on more than once a month.

"It's something that affects families, it affects all of us at some point," Elie said. "Advocate for our families and heighten awareness,"

During the program, Trinity Eubanks sang a selection of songs, of which depicted her own path as a survivor of domestic violence.

There are four clinical case managers, two FAP victim advocates and a counseling advocacy supervisor available to help domestic violence victims on base. FAP also sponsors several classes and workshops addressing the issues facing women and children victims, as well as a men's offender group.

The FFSC is located in Building 11. The main number is 301-319-4087. The National Domestic Violence Hotline is 1-800-799-SAFE (7233), or chat online at www.thehotline.org.

New Class Seeks to Help Parents Talk With Children About Domestic Violence

By Andrew Damstedt
The Journal

A new class offered by Fleet and Family Support Center focuses on how parents can help children who've been affected by domestic violence.

"Even though [the children] were in another room or weren't physically present for the incident, kids still pick up on it," said Elisabet Martinez, FFSC licensed clinical social worker. "There are different things that they learn, and feel and react to. So what we want to do is help parents understand that."

The first class was Oct. 5. Martinez said she started the class at Naval Support Activity Bethesda because she saw its effectiveness at her previous jobs. Often parents don't know what to tell their children after an incident of domestic violence, she said.

"Sometimes parents don't know how to tell their kids why their parents are separated when there has been violence," Martinez said. "We'll be able to educate our clients and help them think of ways of handling situations, especially when it comes to the children."

Topics in the class include identifying domestic

violence, whether physical, verbal, economical or emotional; learning how children can emotionally react to domestic violence; teaching how to make child visitations/exchanges safe when parents are separated; and exploring ways to engage children after a domestic violence incident.

"We want to help educate our clients on other ways they can handle situations, especially when it comes to the children," Martinez said.

The purpose of the class is to help parents better communicate with their child after a domestic violence incident.

"I always encourage parents to be honest, but not divulge too much," Martinez said. "It's a matter of something as simple as saying 'Mom and dad are having grown-up problems right now. I need to let you know things may change.' Sometimes if all of the sudden the other parent is gone, (the children may) ask questions, 'When are they coming back? What is happening?' Their sense of stability is gone."

While children will have specific concerns about their own situation, some of the concerns are common among all children. Some children will want to solve the problem, according to co-instructor

Yolanda Banfield, FFSC family advocacy program victim advocate.

"How can I fix it? How can I help mom and dad and how can I jump in?" Banfield explained. "Other children sometimes feel, 'What did I do?' They take on the blame for it."

Children will show concern for the safety of the parent who is a domestic violence victim. Another issue for children can be the adjustment to living in a single parent home, Martinez said.

"Kids are in the middle, they love both of their parents," Martinez said. "Sometimes kids don't want talk about the other parent in front of the parent they live with."

So, Martinez tells parents to explore other avenues of communicating, such as writing letters.

While the class is only for adults, Martinez said she hopes what they learn can help them strengthen their relationship with their children.

Registration is required. The class is offered weekly, but split into four sections. The class meets every Wednesday from 2 p.m. to 3:30 p.m. at the FFSC in Bldg. 11. To register for the class, call the FFSC at 301-319-4087.

Symposium Focuses on Autoinflammatory, Immune-Dysregulatory Illnesses

By Bernard S. Little
WRNMMC Public Affairs

Dr. Margaret Read paused on a couple occasions to compose herself as she described her son's battle with a rare autoimmune disease. The Navy officer shed a few tears while discussing the challenges her family faced and her son's courage.

Cmdr. Read was one of several speakers during the 1st Symposium on Autoinflammatory and Immune-Dysregulatory Illnesses at Walter Reed National Military Medical Center Sept. 19.

"This [symposium] is a continuing endeavor in [Walter Reed Bethesda's] legacy of discovery, education, research and phenomenal care for our patients and their families," said Army Col. Michael S. Heimall, WRNMMC director.

The Children's Center at WRNMMC and the National Institutes of Health (NIH) presented the symposium, focused on developing a multi-disciplinary joint program/center to assess and treat patients with autoinflammatory and other immune-dysregulatory diseases. In addition, organizers said a goal of the event was to establish a network of pediatric consult services between the two.

"Whenever we do something like this, it's absolutely important for us to have the patient's and family's perspective, because what we're in the business of doing is curing disease and improving quality of life," Heimall added.

"The goal of our research should be to take improvements in care and technology to the bedside and into the exam rooms that really make people's lives better," Heimall continued. "We're on a quest to integrate education and research into our patient care activities."

He said education, research and patient care "have to work together if we're going to advance the science and knowledge of medicine."

As her son, David, stood beside her, Read shared the story of their battle with Systemic Juvenile Rheumatoid Arthritis, or Still's Disease. Named

after English pediatrician George Frederic Still who first described it, Still's Disease is the rarest form of juvenile rheumatoid arthritis and affects the entire body. It accounts for just 10 to 20 percent of all JRA cases, impacting about 25,000 to 50,000 children. The condition causes extreme fatigue; high, spiking fevers; rash; joint aches; swelling of lymph glands; enlargement of the spleen and liver; inflammation of the lungs or around the heart and other symptoms.

"We joined this community in June 2008, just a few weeks after Davy's 5th birthday, when his body suddenly decided to attack itself," said Read, an optometrist who currently works at the U.S. Navy, Bureau of Medicine and Surgery as executive assistant for the deputy chief of BUMED for Readiness and Health.

She explained David spent about a month in the hospital's intensive care unit while doctors tried to determine his illness and why his body didn't respond to treatments. She added her son received "outstanding care" from WRNMMC providers, where his illness was eventually diagnosed.

David, now 13, looks like a healthy teenager and is nearly as tall as his mother. "He is doing well but continues to be monitored closely," she said. While the cause of Still's Disease is not known, with proper care children can lead normal lives.

"I know in my heart Dr. [Olcay] Jones saved his life," Read said. She added Jones' colleagues in the research and clinical communities assisted her in diagnosing and treating David.

"To put this into perspective, our older son, who is five years older than Davy, had he had the same illness, he wouldn't have made it," Read added. "The medication that Davy finally responded to had just become available to him. Treatment, study and research are vital to this community for these children to have positive outcomes."

Jones, division chief for pediatric rheumatology at WRNMMC, and Dr. Raphaela Goldbach-Mansky, acting chief for translational autoinflammatory

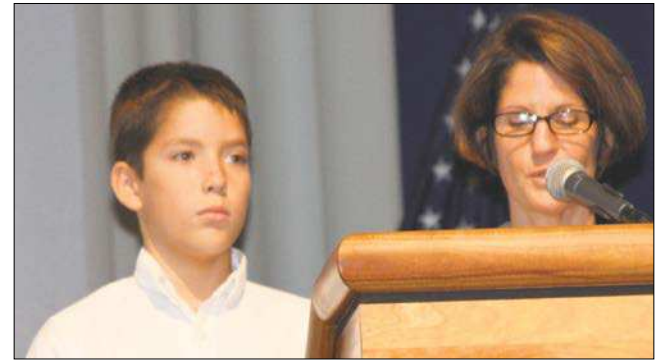


PHOTO BY BERNARD S. LITTLE

David and his mother, Navy Cmdr. Margaret Read, discuss their challenges with Systemic Juvenile Rheumatoid Arthritis, also called Still's Disease, which David was diagnosed with when he was 5 years old. They were guest speakers at the 1st Symposium on Autoinflammatory and Immune-Dysregulatory Illnesses at Walter Reed Bethesda Sept. 19.

disease at NIH, planned and directed the symposium. They explained the need for more research and care, and Walter Reed Bethesda offers full inpatient and outpatient services in pediatrics, including full-time pediatric rheumatology service.

Karen Durrant, a pediatric nurse who is also a mother of a child with an autoinflammatory illness, explained the need for more providers to know the warning signs for autoinflammatory and immune-dysregulatory illnesses.

"Autoinflammatory diseases are rare, often lifelong conditions," she stated.

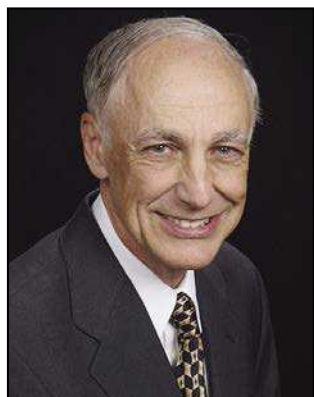
Early diagnosis and treatment for autoinflammatory and immune-dysregulatory illnesses "can greatly reduce systemic damage and in some cases, save lives," Durrant continued.

"Quality of life is greatly improved with treatment. This can positively impact the patient's future," she concluded.

Ursano to Retire as USU Psychiatry Department Chair

By Sharon Holland
USU Public Affairs

Psychiatrist Dr. Robert J. Ursano announced he will retire as chair of the Department of Psychiatry at the F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences after more than 24 years in the position. Ursano will remain as the director of USU's Center for the Study of Traumatic Stress.



USU PHOTO

Dr. Robert J. Ursano

Under Ursano's leadership, the psychiatry department has become a research powerhouse. In addition to intramural research in basic and clinical sciences and

the neurosciences, the department has maintained active research funded by the National Institute of Mental Health, National Institute of Drug Abuse, National

Science Foundation, the Department of the Army and the Department of the Air Force. The department has ongoing collaborations with the Walter Reed Army Institute of Research, and multiple universities around the country. Ursano's flagship study, the DoD-funded Army STARRS (Study to Assess Risk and Resilience in Servicemembers) and its successor, STARRS-LS (an ongoing, longitudinal study) are generating practical, actionable information on risk reduction and resilience building to prevent suicide, suicide-related behavior, and other

behavioral health issues in the military.

The department supports clinical psychiatry clerkships and research electives for third- and fourth-year uniformed medical students and teaches human behavior and ethics courses to second-year medical students. The department also provides psychiatry residency training through its affiliations with Walter Reed National Military Medical Center and graduate medical education in the National Capital Consortium.

Ursano also established CSTS in 1987. CSTS

is a national resource for disaster responders and for communities addressing natural disasters, community violence, terrorism, body recovery and worker stress and public health threats, among many others. CSTS has assisted the Department of Defense in leading the nation in trauma-informed care, and rapidly moving findings from bench to bedside and from war to disaster.

School of Medicine Dean Dr. Art Kellermann announced he will convene a search committee for a successor to Ursano, who will remain as chair until a successor is named.

"Bob Ursano has made tremendous and lasting contributions to the University, to military health and to science. I am not only grateful for his 24 years as an exceptional chair, I am deeply grateful for his willingness to keep leading CSTS," Kellermann said.

"I look forward to continuing the work of the department from the vantage of scientist and professor in the department and the Center for the Study of Traumatic Stress. It is always an honor and pleasure to be part of USU's mission," said Ursano.

Raising Awareness About Rabies

By PO2 Class Kendal Bush
WRNMMC Department
of Public Health/
Preventive Medicine

Whether you're a pet owner, a parent or an outdoor adventurer or a backyard explorer, there are steps you can take to protect you and your family from exposure to the rabies virus.

Every year, an estimated 40,000 people in the U.S. receive a series of treatments, called rabies post-exposure prophylaxis, after potential exposure to rabies. The U.S. public health cost associated with rabies is estimated to be as high as \$500 million annually. Annually, rabies results in more than 59,000 deaths worldwide – nearly one death every nine minutes. Most deaths are reported from Africa and Asia, with almost 50 percent of the victims being children under the age of 15. Rabies can be prevented however by eliminating exposure to the virus, and appropriate vaccination.

The following steps can help prevent and control rabies:

1) Take pets to a veterinarian for their rabies immunization. Make sure to take your pets, including dogs and cats, to the veterinarian each year. A veterinarian can make

sure your pets are up-to-date on their rabies vaccine, protecting them from contracting the disease. This is important, since animals that haven't received a rabies vaccine and are exposed must be quarantined or euthanized. In addition, talk to your veterinarian about spaying or neutering your pet. This helps reduce the stray animal population, thereby decreasing the number of unvaccinated animals.

2) Keep away from wildlife and unfamiliar animals. More than 90 percent of all animal rabies cases reported annually to the Centers for Disease Control and Prevention occur in wild animals. The majority of animals affected by the rabies virus include raccoons, bats, skunks and foxes. Do not feed or handle wildlife, even if they seem friendly. Stray or unfamiliar, such as dogs and cats, should be avoided. These animals are often in contact with wildlife and can transmit rabies to humans. If you see an animal acting strangely, report it to animal control services. Things to look for are:

- * General sickness
- * Problems swallowing
- * Excessive drool or saliva
- * An animal that appears tamer than you would expect

* An animal that bites at everything

* An animal that's having trouble moving or may even be paralyzed

3) If you come across a dead animal, never pick up or touch it. The rabies virus may still be present in the saliva or nervous tissue, especially if they have only been dead for a short time. Call animal control to take care of the animal's body.

No matter where you live, rabies can threaten your family's health. Fortunately, there are things you can do around the home to help reduce the risk of getting rabies.

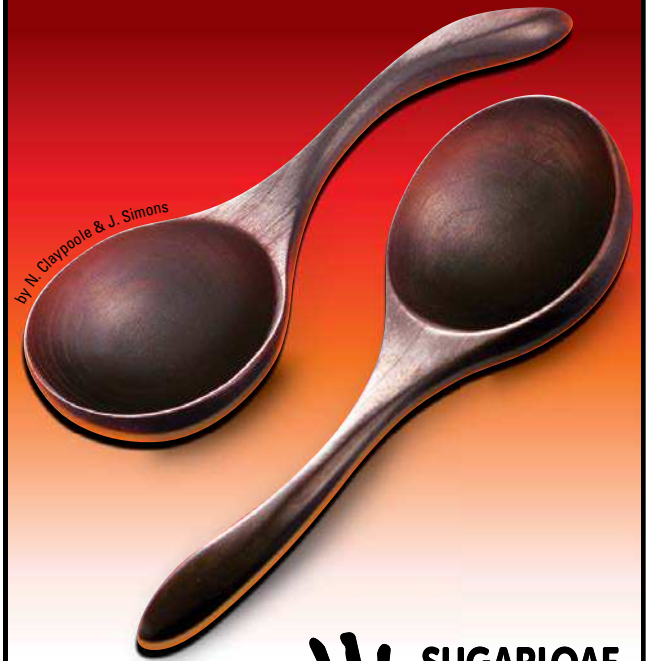
* Keep your pets indoors. When a dog goes outside, make sure an adult is there to watch it and keep it safe.

* Do not keep food or water your pets outside, and keep garbage securely covered. These items may attract wild animals or stray animals to your yard.

* Teach children never to handle wild animals or unfamiliar domestic animals.

You can learn more about rabies and how to protect your home at the CDC's website for rabies at <http://www.cdc.gov/rabies>, and the number for Montgomery County Animal Services is 240-773-5900.

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Prostate Cancer: Who Should Get Tested?

By Bernard S. Little
WRNMMC Public Affairs

Prostate cancer is one of the leading causes of cancer-related deaths in the United States, accounting for more than 26,000 deaths and approximately 180,000 new diagnoses annually, according to the National Cancer Institute.

Retired Army Col. Jane Hudak, Ph.D., is the patient educator for the Center for Prostate Disease Research at Walter Reed National Military Medical Center.

“One in six men will develop prostate cancer in their lifetime, and the risk of being diagnosed with prostate cancer increases to one in five men for African Americans, and one in three men if there is a family history of the disease,” Hudak stated.

The good news, according to doctors and educators, is that prostate cancer is survivable if diagnosed and treated early.

Army Col. Inger Rosner, CPDR director, explained that the majority of patients today present to the Prostate Center at WRNMMC with localized disease for which there are multiple treatment options for cure.

Army Maj. Kevin Rice, CPDR associate director, added that the center is the only Department of Defense facility with the capability for MRI-infusion prostate biopsies, which enhances diagnostic precision.

In most cases, men with early prostate cancer have no symptoms, which is why it's important for men to regularly receive a Prostate Specific Antigen blood test and digital rectal exam, said Hudak.

She added the CPDR has a robust patient education program which features monthly information and support group meetings for men and their families dealing with prostate cancer, guest speaker programs, monthly newsletter, and “battle buddy” program, she added.

The NCI advises men to consult their physician if they notice any of the following symptoms:

- A need to urinate frequently, especially at night
- Difficulty starting or stopping urination
- Painful or burning urination
- Difficulty having an erection
- Painful ejaculation

- Blood in the urine or semen
- Frequent pain and stiffness in the lower back, hips or upper thighs

Any of these symptoms can be caused by cancer or by other, less serious conditions.

According to doctors and educators, discussion about screening should take place at the age of 50 for men at average risk for prostate cancer, and age 45 for men at high risk of developing prostate cancer. (High risk includes African Americans; those who have a first-degree relative such as a father, brother or son diagnosed with the disease at an early age (younger than 65). Men who are at an even higher risk for the disease (those with more than one first-degree relative who had prostate cancer at an early age) should have this discussion with their doctor at age 40.

In his 2016 presidential proclamation for Prostate Cancer Awareness Month, President Barack Obama stated, “As a country, we must do everything in our power to support men who are battling prostate cancer, deliver the care and treatment they need, and defeat this devastating disease. A cancer-free

future is within our grasp — with bold vision and daring optimism, we are pioneering medical breakthroughs in research and seeking to discover a cure for cancer in our time. During National Prostate Cancer Awareness Month, we remember all the men who lost their lives to this disease, and resolve to reach a tomorrow where prostate cancer is no longer a threat to our sons and grandsons.

“Incredible advancements have paved the way for better prevention, detection, and treatment of this disease, and over the past two decades, the incidence of new cases and mortality rates for prostate cancer have been steadily declining,” the president continued. “I encourage all men to talk to their health care providers about how prostate cancer can affect them, and to learn more by visiting www.Cancer.gov/Prostate (National Cancer Institute) or www.CDC.gov/Cancer/Prostate.”

The CPDR is located on the third floor of the America Building (Bldg. 19). For more information, call (301) 319-2900 or email Jane Hudak, patient educator at CPDR, at jane.l.hudak.ctr@mail.mil.

NWU Type III Transition Begins: 5 Things You Should Know

**From Chief of Naval Personnel,
Public Affairs**

Earlier this month, the Navy began its transition from the Navy Working Uniform Type (NWU) I to the NWU Type III as its primary shore working uniform. Here are five things to know about the uniform switch:

1. Sailors can wear either the NWU Type I or III right now, but effective Oct. 1, 2019, all Sailors will be expected to wear the NWU Type III as their primary working uniform when ashore or in port.

2. Until further policy guidance is issued, black boots will be the standard boot worn in the United States and its territories with the NWU Type III, but units can set a command-wide policy authorizing use of the tan boot. In addition to black boots, the black fleece is authorized for wear with the NWU Type III. Expeditionary forces in the United States or any forward deployed forces may wear the desert tan or coyote brown boots at the discretion of the unit commanding officer with the NWU Type III. A future NAVADMIN will be released to specify the revised manner of wear to include authorized components worn with the NWU Type III.

3. As announced this past August, Sailors will be able to purchase NWU Type III components for personal wear

through Navy Exchange uniform stores and call centers once there is sufficient inventory on hand. NEXCOM expects to have Type III uniforms in select uniform stores next fall and will expand sales based upon inventory availability. While the Navy is developing an incremental regional fielding plan for the NWU Type III, this transition period will give Sailors time to prepare for the change and allow them to get maximum wear out of recently purchased NWU Type I uniforms.

4. This change is the first step in a multi-phased process that will streamline and consolidate the Navy's uniform requirements, and ultimately improve uniformity across the force. The Navy has listened to Sailors' feedback and is incorporating their desires to have a working uniform that is better fitting, more breathable and lighter weight.

5. Enlisted clothing replacement allowance will be adjusted to cover costs of these uniform changes and requirements. By law, commissioned officers pay for their uniforms with personal funds. Officers are currently entitled to a one-time uniform stipend (\$400), paid at the beginning of their careers. An additional stipend cannot be granted without a change in law.

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WRNMMC Supports Nursing Mothers

Breastfeeding Services Offered at Medical Center

By Mark Oswell
WRNMMC Public Affairs

As infants, we are all initially raised on either artificial formula milk or breast milk.

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of a baby's life. After the first six months, infants can be introduced to soft foods in addition to continued breastfeeding.

Earlier this year, Walter Reed National Military Medical Center Obstetrics' Clinic/Women's Health staff rolled out a new "Breastfeeding Your New Baby" brochure to encourage breastfeeding. The brochure provides detailed information pertaining to the benefits, latching and various positions of breast feeding.

Benefits of Breastfeeding

Breast milk remains the perfectly balanced food source designed specifically for infants, according to health-care providers.

While breastfeeding remains a very time consuming activity in the first few weeks after birth, the benefits far outweigh the time needed for mothers and babies to learn how to breastfeed.

"Breastfed babies have stronger immune systems and better ability to fight infections," explained Patty Bascietto, outpatient lactation consultant at WRNMMC.

While the benefits of breastmilk for the infant are often discussed, the benefits for the mothers aren't as well publicized. Some of the health benefits to the mother include lower rates of postpartum depression, better sleep and a more stable or lower blood pressure.

Additionally, regular breastfeeding burns the same number of calories per day as one hour of strenuous exercise.

"Breastfeeding is one of the best things you can do to maintain a stable body weight during the childbearing years," said Bascietto.

Services available at Walter Reed Bethesda

In support of nursing mothers, WRNMMC employs two full time International Board Certified Lactation Consultants (one inpatient, one outpatient) and one staff nurse lactation consultant. Maternal-infant-care nurses are also trained in how to assist breastfeeding mothers.

Walter Reed Bethesda offers a variety of breastfeeding services, including breastfeeding classes, inpatient and outpatient lactation assistance and free breast pumps for nursing mothers from TRICARE.

The medical center currently has two pumping rooms for employees, with plans for at least one more.

"We are working on developing a pumping program for working mothers," said Bascietto. "We are building a pumping room in the America Building, purchasing two portable pumping pods and renovating our current pumping rooms. Our goal is to offer a nursing mothers program including a returning to work and breastfeeding class."

Although each military branch has their own policy



COURTESY PHOTO

pertaining to maternity leave and breastfeeding (Air Force's AFI 36-3003, Army's AD 2016-09, Marine Corps' MARADMIN 102/16 and Navy's NAVADMIN 046/16), they all mirror the Department of Defense's DTM 16-002.

At Walter Reed Bethesda, the breastfeeding focus is on educating families on the benefits of breastfeeding for mother and baby, and on providing necessary support for families to achieve their breastfeeding goals.

For Bascietto, this allows her to witness the amazement of life through "watching an infant grow solely off its mother's milk for the first six months of life."



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